



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

August 7, 2007

Joan Stockton, Administrator
Community Restorium
P.O. Box 419
Bonners Ferry, ID 83805

License #: RC-118

Dear Ms. Stockton:

On July 18, 2007, a Fire Life Safety Survey was conducted at Community Restorium. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Team Leader
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

COPY



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July 31, 2007

Joan Stockton, Administrator
Community Restorium
P.O. Box 419
Bonners Ferry, ID 83805

Dear Ms. Stockton:

On July 18, 2007, a Fire Life Safety Survey was conducted at Community Restorium. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 17, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES, Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R118	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2007
NAME OF PROVIDER OR SUPPLIER COMMUNITY RESTORIUM		STREET ADDRESS, CITY, STATE, ZIP CODE 6619 KANISKU STREET BONNERS FERRY, ID 83805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 18, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

V32N21

If continuation sheet 1 of 1



ASSISTED LIVING

Non-Core Issues

Punch List

NON-CORE ISSUES

Response Required Date 8-18-7	Signature of Facility Representative 	Date Signed 7-18-07
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